

**APPLICATION DATA SHEET****Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title :: NOVEL POLYMORPH OF N-METHYL-N-(3-{3-[2-THIENYLCARBONYL]-PYRAZOL-[1,5- $\alpha$ ]-PYRIMIDIN-7-YL}PHENYL)ACETAMIDE AND COMPOSITIONS AND METHODS RELATED THERETO

Attorney Docket Number:: 690068.569

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 3

Small Entity?: Yes

Petition included?: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?: No

**First Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Scott  
Middle Name:: E  
Family Name:: Zook  
Name Suffix::  
City of Residence:: San Diego  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 3716 Arizona Street  
City of mailing address:: San Diego  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 92104

**Second Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Donald  
Middle Name::  
Family Name:: Hettinger  
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City of mailing address:: San Diego  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 92121

**Third Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Henry  
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City of mailing address:: Catskill  
State or Province of mailing address:: NY  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 12414

**Corr spondenc Information**Correspondence Customer Number :: **00500****Representative Information**

Representative Customer Number::		<b>00500</b>
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**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/406,072	08/26/02

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	Neurocrine Biosciences, Inc.
Street of mailing address::	10555 Science Center Drive
City of mailing address::	San Diego
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	92121-1102